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## BIB DATA SHEET

CONFIRMATION NO. 3478

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## APPLICANTS

Michael P. DeGeorge, Kansas City, MO;  
 James S. Hoffman, Leawood, KS;  
 Patricia L. Heinz Sturd, Overland Park, KS;  
 Brian D. Stevens, Liberty, MO;

## \*\* CONTINUING DATA \*\*\*\*\*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*  
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Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged	/TERESA S WOODS/ Examiner's Signature		Initials	MO	8	53	13

## ADDRESS

SHOOK, HARDY & BACON L.L.P.  
 Intellectual Property Department  
 2555 GRAND BOULEVARD  
 KANSAS CITY, MO 64108-2613  
 UNITED STATES

## TITLE

Computerized system and method for identifying and storing time zone information in a healthcare environment

FILING FEE RECEIVED 2354	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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